

Title III of the Older Americans Act **Grants for State and Community Programs on Aging**

When President Johnson signed the bill creating the Older Americans Act (OAA) on July 14, 1965, he said: "The Older Americans Act clearly affirms our Nation's sense of responsibility toward the well-being of all of our older citizens. But even more, the results of this act will help us to expand our opportunities for enriching the lives of our citizens in this country, now and in the years to come."

Created during a time of rising societal concerns for the poor and disadvantaged, the OAA set forth a broad set of objectives which are as relevant today as they were over three decades ago. The OAA has been reauthorized 14 times since 1965.

The largest program under the OAA, this title lays out responsibilities and requirements for State and Area Agencies on Aging. In North Dakota, the Department of Human Services, Aging Services Division carries out the responsibilities of both the State and Area Agency. It is through the programs and structures established by this title that most of the money is authorized and most of the legislative detail is found.

The purpose of this title is to encourage and assist the State/Area Agency on Aging to foster the development and implementation of comprehensive and coordinated systems to serve older individuals. This part sets forth authorization levels and details the formula by which AoA funds are allotted to states. For the most part this formula is based on the number of people aged 60+ in each state.

Services
Access services: transportation, outreach, I&A and case management.
In-home services: homemaker, home health aide, visiting and telephone reassurance, chore and supportive services for families of older individuals with Alzheimer's disease and other related disorders.
Legal assistance: financial, insurance and tax counseling, representation in guardianship proceedings.

For a state to participate under Title III, the governor must designate a state agency as the sole agency to put forth a plan for developing and implementing a statewide aging program. This multi-year plan (2, 3, or 4 years) represents a

“legal contract” between the state and the federal government for carrying out the programs authorized under the OAA. Like its counterpart at the federal level, the state agency is responsible for serving as an effective and visible advocate for the elderly.

And it must provide assurances that preference will be given to providing services to older individuals with the greatest economic and social need, with particular attention to low-income minority older individuals and older individuals residing in rural areas.

The State/Area Agency is responsible for assessing the needs of older persons within their respective Planning and Service Area (PSA). The State/Area Agency is required to provide assurances that an adequate proportion of funds allocated to the PSA under Title III-B will be expended for the delivery of each of the following categories of services: access, in-home and legal assistance. The Area Agency must establish an advisory council consisting of older persons (including older minority individuals) who are participants or who are eligible to participate in OAA programs to advise the agency on area plan development, administration and operation.

Part B - Supportive Services and Senior Centers

The justification for the genesis and subsequent evolution of the aging network rests in the belief that there were gaps in the provision of social services for the elderly. The Older Americans Act, and more specifically Title III, is the only federal supportive services program directed solely toward improving the lives of older people. Under current law, all service providers funded under part B must follow priorities established by the State/Area Agency for serving the rural elderly, those with greatest economic and social need including specific objectives for low-income minority older persons. By and large, the list of supportive services funded under Title III has remained fairly constant over the years.

Supportive Services
<ul style="list-style-type: none">• Health (including mental health)<ul style="list-style-type: none">• Transportation• Information and assistance<ul style="list-style-type: none">• Housing• Long-term care• Legal assistance• Services to encourage employment of older workers<ul style="list-style-type: none">• Crime prevention

Part C - Congregate and Home Delivered Nutrition Services

Millions of older adults are malnourished. Adequate nutrition is necessary to maintain cognitive and physical functioning, to reduce or delay chronic disease and disease-related disability, and to sustain a good quality of life. The OAA provides for the establishment and operation of nutrition projects both in a congregate setting and for homebound individuals. All meals must meet the requirements for the one-third daily-recommended dietary allowances. But the nutrition program is more than a meal. It provides nutrition education, counseling and screening, and often is the gateway to many other services.

The law provides that the programs serve at least one hot, cold, frozen, dried, canned or supplemental food meal per day, five or more days a week except in a rural area where such frequency is not feasible. Congregate meals are served in senior centers, schools, churches and other community settings. For many older persons the meal provides not only an opportunity for socialization, but also the only meal that person may have that day.

Part D - Disease Prevention and Health Promotion Services

According to the World Health Organization, health promotion is the process of enabling people to increase control over, and to improve their health.

Disease Prevention and Health Promotion Services
<ul style="list-style-type: none">• Health risk assessments• Routine health screening• Nutritional counseling and education• Health promotion programs• Exercise and fitness programs• Home injury control services• Screening for prevention of depression• Medication management education• Information concerning diagnosis, prevention, treatment and rehabilitation of age-related diseases and conditions• Gerontological counseling• Counseling regarding Social Services

Disease prevention covers measures not only to prevent the occurrence of disease, but also to arrest its progress and reduce its consequences once established. Under this part, the State Unit on Aging (SUA) is required to provide disease prevention and health promotion services and information at senior centers, meal sites and other appropriate locations. They must give priority, in carrying out this part, to areas of the State

which are medically underserved and in which there are a large number of older individuals who have the greatest economic need for such services.

Part E - National Family Caregiver Support Program

The enactment of the Older Americans Act Amendments of 2000 (Public Law 106-501) established an important new program, the National Family Caregiver Support Program (NFCSP).

Eligible Population
<ul style="list-style-type: none">• Family caregivers of older adults;• Grandparents and relative caregivers of children not more than 18 years of age (including grandparents who are sole caregivers of grandchildren and those individuals who are affected by mental retardation or who have developmental disabilities).

The program was modeled after several successful state long term care programs and after listening to the needs expressed by hundreds of family caregivers in discussions held across the country.

The NFCSP calls for all states, working in partnership with area agencies on aging and local community-service providers to have five basic services for family caregivers:

- Information to caregivers about available services;
- Assistance to caregivers in gaining access to supportive services;
- Individual counseling, organization of support groups, and caregiver training to assist the caregivers in making decisions and solving problems relating to their caregiving roles;
- Respite care to enable caregivers to be temporarily relieved from their caregiving responsibilities; and
- Supplemental services, on a limited basis, to complement the care provided by caregivers.

Funds are allocated to states through a congressionally mandated formula that is based on a proportionate share of the 70+ population. The statute requires states to give priority consideration to: 1) persons in greatest social and economic need (with particular attention to low-income individuals); and 2) older individuals providing care and support to persons with mental retardation and related developmental disabilities.